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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

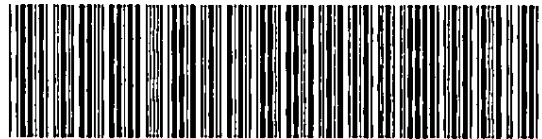
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21 SEP -7 PM 3:22

MANAGER RESIGNATION LETTER

Date: July 15, 2021

RAJA SEKHAR PUJARI

5027 KEENELAND CIR, ORLANDO, Florida, 32819

(689) 800-7666

hr@cyberwavellc.com

RE: MANAGER RESIGNATION

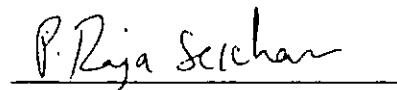
Dear Banerji Sunkville,

This letter represents my official notice of resignation from my position with CYBER WAVE LLC which is to be made final on July 31, 2021.

It has been with great pleasure to be alongside the individuals at this organization and will always appreciate the experience and knowledge I gained during my involvement with CYBER WAVE LLC.

I hope the notice-period is enough for you to find a replacement. Furthermore, please let me know of any help that I could be in the future to help in this transition.

Sincerely,

A handwritten signature in black ink, reading "P. Raja Sekhar", is written over a horizontal line.

RAJA SEKHAR PUJARI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CYBER WAVE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHEKURI SURIBABU

Name of Person

CYBER WAVE LLC

Firm/Company

618,E SOUTH STREET,SUITE 500

Address

Orlanda ,FL 32801

City/State and Zip Code

hr@cyberwavellc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suri Chekuri

408

718 8159

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

21 SEP -7 PM 3: 22

CYBER WAVE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 04 2021 and assigned
Florida document number L21000061098.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

618.E SOUTH STREET,SUITE # 500

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32801

Enter new mailing address, if applicable:

618.E SOUTH STREET,SUITE # 500

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHEKURI SURI BABU

New Registered Office Address:

618.E SOUTH STREET,SUITE # 500

Enter Florida street address

ORLANDO

City

. Florida 32801

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

21 SEP -7 PM 3: 22

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAJA SEKHAR PUJARI	5027 KEENELAND CIR,ORLANDO,FL-32819	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sunkavalli Benerjee	20514,Avis Ave,Torrance CA-90503	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Undavalli Venkata Satya Phanindra	5027 KEENELAND CIR,ORLANDO,FL 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHEKURI SURIBABU	405,MallowBranch Dr Jacksonville FL 32259	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Attached Manager Raja Sekhar Pujari Resignation Letter

21 SEP -1 PM 3:22

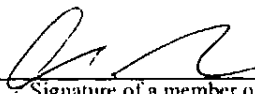
E. Effective date, if other than the date of filing: July 16, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Aug-01 2021



Signature of a member or authorized representative of a member

CHEKURI SURI BABU

Typed or printed name of signee

Filing Fee: \$25.00